

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029373

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367

Primary Registration District No. 3049

Registrar's No. 152

FILED JUL 31 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0781			
2 0269	2		
3			
4 0			
5 1			
6			
7 0			
8 2			
9 X			
10			
11 078			
12 1-0			
13 1-0			
ITEM NO.	SHOULD READ	INSTEAD OF	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 2 Mos.	c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. County Mem. Hsp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1518 Notre Dame Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lossom Fisher		4. DATE OF DEATH Month Day Year July 21, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/10/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11. BIRTHPLACE (City and state or country) Hayward, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harve Fisher		13b. MOTHER'S MAIDEN NAME Amelia Wyatt	
14. NAME OF HUSBAND OR WIFE Mrs. Carliss Fisher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Carliss Fisher-Jefferson City Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Secondary to Surgical Procedure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ble Peritonitis secondary to traumatic Rys. Liver DUE TO (c) Recurrent Shock due to Ble loss + blood loss		INTERVAL BETWEEN ONSET AND DEATH Span 2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Malt Rib fractures Compound Fr. Lt Pelvic Bilat. Malkealer Fracture.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident head on collision		20c. TIME OF INJURY Hour Month, Day, Year May 23 63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	
20f. CITY, TOWN, OR LOCATION North of Hayti		COUNTY Pemiscot STATE Mo.	
21. I attended the deceased from May 23 1963 to July 21, 1963 last saw her alive on Jul 21 1963 Death occurred at 8:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Gordon L. Duckworth Jr. MD	
22b. ADDRESS Hayti, Mo.		22c. DATE SIGNED Jul 29 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jul. 23, 1963	
23c. NAME OF CEMETERY OR CREMATORY Little Prairie-Cem.		23d. LOCATION (City, town, or county) Caruthersville, Mo.	
24. FUNERAL DIRECTOR H.S. Smith F. Home-Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-63	
26. REGISTRAR'S SIGNATURE Charlotte E. Slown			

OCT 15 1963

AUG 1 1963

AUG 5 1963

St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Denver Fike*

Licensed Embalmer No. 4484
P. O. Address *Canthensville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.